

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE UTAH

DESCRIPTION OF THE ORGANIZATION AND FUNCTIONS OF THE MEDICAL ASSISTANCE UNIT
AND AN ORGANIZATIONAL CHART OF THE UNIT

Attached is the description, function and organizational chart of the Medical Assistance Unit.

T.N. # 14-88
Supersedes
T.N. # HOD-6

Approval Date 6/9/88 Effective Date 4/1/88

MEDICAL ASSISTANCE UNIT DESCRIPTION

The State Department of Health has designated the Division of Health Care Financing as the 'Medical Assistance Unit,' as required by Federal Regulation, responsible for administration of the Medicaid (Title XIX) Program which includes:

1. Overall Management of the Medicaid Program including budgeting, supervising, monitoring and reporting.
2. Processing and adjudication of provider invoices.
3. The development and maintenance of Title XIX program policy.
4. Promoting effective and positive relationships with Medicaid providers and responding to individual provider inquiries relative to payment problems.
5. Developing and pursuing cost management functions to assure reasonable and equitable reimbursement to providers, and to provide management information on related costs.
6. Conducting and/or monitoring utilization review, utilization control and medical review functions carried out pursuant to Federal regulations.
7. Controlling fraud and abuse by Medicaid clients and/or providers.
8. Operation of a program for Third Party Benefit Recovery.

T.N. # 14-88
Supersedes
T.N. # HCD-6

Approval Date 6/9/88 Effective Date 4/1/88

ORGANIZATION AND FUNCTIONS

MEDICAL ASSISTANCE UNIT

PURPOSE - Utah Medicaid (Title XIX) Program:

The primary purpose of the Medicaid Program is to provide Health Care Services of high quality and to make it readily available to eligible recipients.

PROGRAM GOALS:

The basic goals of the Utah Medicaid Program are to accomplish the following in relation to Medicaid recipients:

1. Promote a health State population.
2. Prevent illness and premature death.
3. Correct or limit disability.
4. Treat all illnesses and provide for maximum rehabilitation.

PROGRAM OBJECTIVES:

1. Develop and maintain a comprehensive rehabilitation program involving the concepts of those services (medical and social) that will enable individuals to attain or retain independence or self-care.
2. Establish standards that will be appropriate to ensure that the Title XIX medical services will be of high quality and adopt methods of administration designed to satisfy Administration that services are furnished in a sympathetic, dignified and cost effective manner.
3. Provide adequate reimbursement mechanisms and fee schedules which allow medical care providers to treat all illnesses, and extend maximum rehabilitation to all eligible recipients.
4. Focus on medical social care as a part of a comprehensive plan for service, not just on the payment of medical bills.

T.N. # 14-88
Supersedes
T.N. # HOD-6

Approval Date 6/9/88 Effective Date 4/1/88

ADMINISTRATION

The Division of Health Care Financing is responsible for the management and administration of Medicaid program and the Utah Medical Assistance Program (UMAP).

The administration of Medicaid is accomplished through the Director and six bureaus within the Division of Health Care Financing. The Division Director administers and coordinates the program responsibilities delegated to develop, maintain, and administer the Medicaid Program in compliance with Title XIX of the Social Security Act, the laws of the State of Utah, and the appropriated budget. Contract development and monitoring, staff training and inventory control are coordinated from the Director's office. The six bureaus have the following responsibilities:

1. Bureau of Policy and Planning

The objectives of this bureau include the functions of centralized accountability for long-range planning and the development and maintenance of the policies for the program.

The general responsibilities of the bureau include establishment of reimbursement policies, eligibility policies, scope of service policies and coordinating those same responsibilities with the Department of Social Services for its programs which receive Medicaid funding.

2. Bureau of Financial Services

The objectives of this bureau include the consolidation of financial and MMIS support activities with the Division of Health Care Financing, Federal reporting of Medicaid expenditures and monitorization of expenditures via financial audit activity.

The general responsibilities of the bureau include, but are not limited to: SPR and CPAS reviews, financial audit, coordination of user data needs with system capabilities, budget preparation, staff training and development, and monitoring of expenditures.

3. Bureau of Managed Health Care

The objectives of this bureau is to provide Medicaid clients with the choice of health care delivery programs (Case Management or HMO) in order to enable them to make an informed choice regarding primary care providers. Secondly, this bureau monitors the performance of the capitated health maintenance organization programs under Medicaid. The third function of this bureau is utilization management, prior authorization of appropriate services, and S/URS, post payment review.

T.N. # 14-00
Supersedes
T.N. # HCD-6

Approval Date 6/9/88 Effective Date 4/1/88

4. Bureau of Facility Review

The objective of this bureau is to assure that appropriate quality and quantity of services is given to recipients by institutional health care providers.

This bureau has three federally mandated main functions: certify, through annual on-site surveys, that Utah health care providers who participate in the Medicare and Medicaid programs meet federal and state standards; control the utilization of Medicaid funded nursing home services through pre-admission and continued stay review of every Medicaid nursing home patient in the State; and perform an annual inspection of the care received by every Utah nursing home patient who receives Medicaid funds. In addition, the bureau uses all three functions to assure that "active treatment" is provided to institutionalized mentally and psychiatrically impaired patients.

5. Bureau of MMIS Operations

The bureau's main objectives are accurate and expeditious processing of claims submitted for covered services on behalf of eligible beneficiaries and training of providers regarding allowable Medicaid expenditures and billing practices.

The general responsibilities of this bureau include all functions that relate directly to the receipt, processing, and adjudication of medical claims; publishing all provider manuals, training providers concerning allowable Medicaid expenditures and billing practices; and being the single point of telephone contact for information about client eligibility, claims problems, and general questions about the Medicaid program.

6. Bureau of Utah Medical Assistance

This bureau reports to the Division of Health Care Financing's director.

The bureau is responsible for administration and operation of the Utah Medical Assistance Program (UMAP).

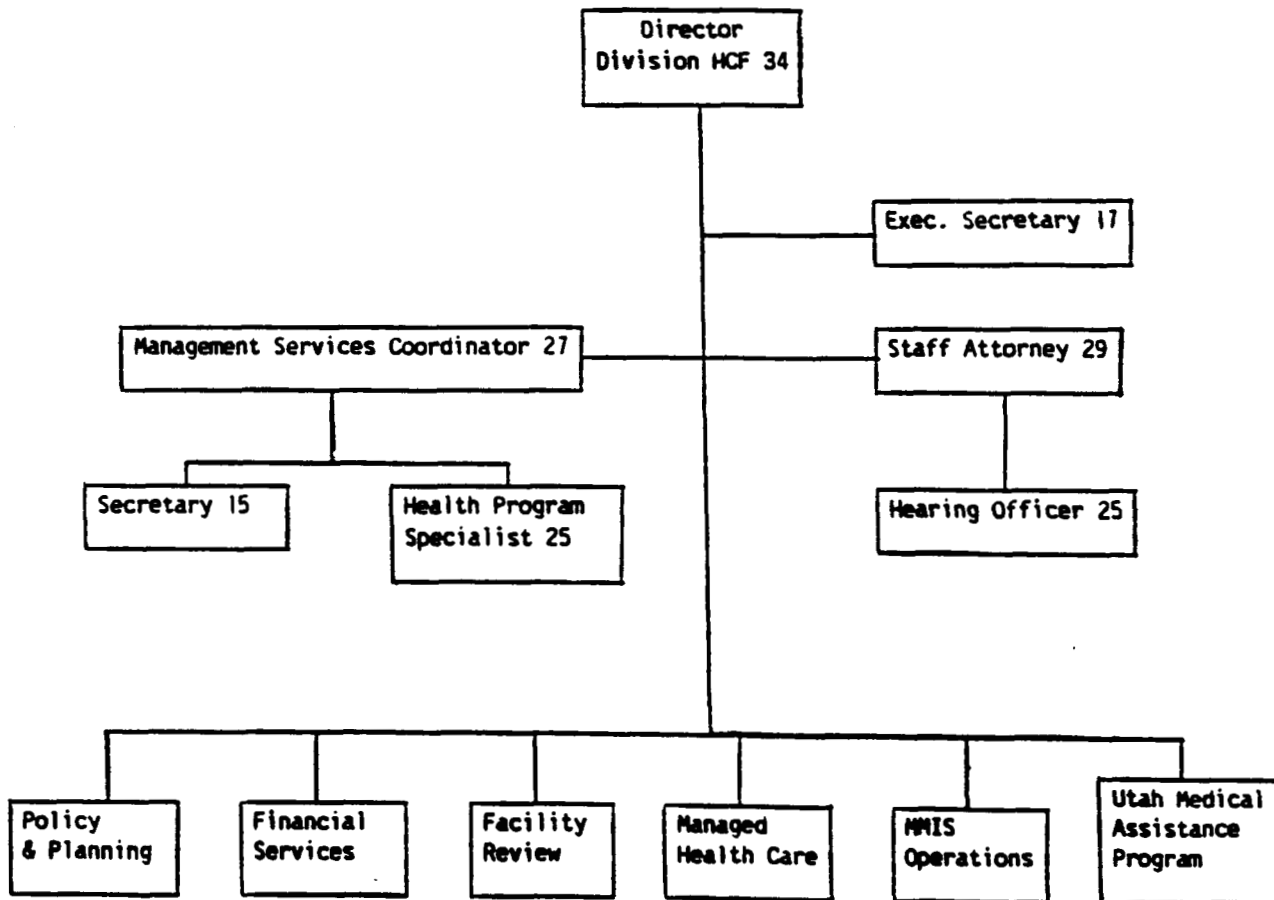
This bureau operates three clinics, assists in formulation of policy, conducts hearings, and issues payment authorization forms.

The program of this bureau is supported entirely by State funds.

T.N. # 14-88
Supersedes
T.N. # HOD-6

Approval Date 6/9/88 Effective Date 4/1/88

Division of Health Care Financing



7394V/1

TRANSMITTAL NO. 14-88
Date Approved 6/9/88
Effective Date 4/1/88
Supersedes Transmittal DCH-6